

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037530

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9858

FILED OCT 10 1963

1. PLACE OF DEATH

a. CITY OR TOWN

City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Firmin Desloge Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Iron

c. CITY
OR
TOWN

Bellevue Mo.

-Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

Bellevue Nursing Home

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Will

Middle

Fields

Last

4. DATE
OF
DEATH

Month

Day

Year

10

1

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/22/1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Roofer

10b. KIND OF BUSINESS OR INDUSTRY

Hermitage, Tenn.

U.S.

13a. FATHER'S NAME

James Fields

13b. MOTHER'S MAIDEN NAME

(Dora Buchanan)

14. NAME OF HUSBAND OR WIFE

Georgia Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nina Hooper, 3438a Park Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY Heart Disease

DUE TO (b)

Arteriosclerotic Cardio Vascular Disease

DUE TO (c)

4201 F

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

STATUS

Post Operative Fracture Right hip

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

fell at nursing home

20c. TIME OF
INJURYHour
a.m.
p.m.

9 10 63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

68 Bellevue Nursing Home

20f. CITY, TOWN, OR LOCATION

Bellevue, Mo

COUNTY

STATE

21. I attended the deceased from

9-14-63

to 10-1-63

and last saw her alive on 10-1-63

Death occurred at

1:30 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Stuart Meyer M.D.

22b. ADDRESS

1325 S. Grand

22c. DATE SIGNED

10-2-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

10-4-63

23c. NAME OF CEMETERY OR CREMATORY

Spring Hill Cemetery

23d. LOCATION (City, town, or county)

Nashville, Tenn.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 3 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Elton R. O. Remelino

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.